Deadlines: Incumbent elected and a Candidates and others candidate or being newly	98124-4728 206) 684-8500 248 seattle.gov ppointed officials – I within two weeks of appointed to a posi	becoming a	SEEC DOLLAF CODE (1) (2) (3) (4) (5) (6) (7) (0)	\$0 \$1,000 \$5,000 \$10,000 \$25,000 \$100,000 \$200,000	\$4,5 \$9,5 \$24,5 \$99,5 \$199,5 \$999,5	FIN AFI 999 999 999 999	RSONAL IANCIAL FAIRS ATEMENT	
SEND REPORT TO Seattle City Cle				\$1,000,000 \$5,000,000	0 or more		1	
"immediate family" means: (a) a spouse or domestic partner, or (b) a parent, parent of a spouse or domestic partner, child, child of spouse or domestic partner, sibling, uncle, aunt, cousin, niece or nephew, if that person either resides with or is a dependent on the Covered Individual's most recently filed federal income tax return. SMC 4.16.080								
	rst	Middle	Initial	Names of	immediate fami	ly members. • H	there is no	
	EX			other dep	information to c endents living in identify your sp	vour househol	endent children, or d, do not identify	
Mailing Address (Use PO Box or Work Address S235	dress) *				SAY Peda		51	
	ounty						ND KATE	
1	1V6	Zip + 4 98113	- 1	00,0	ALCOI CC	- LUFE A	NDFAR	
Filing Status (Check only one box.)	1 00	1011,	2	Office Hel	d or Sought	***************************************		
An elected or appointed official filing a	nnual report				-	5 24 /C 14 A	1-100-0	
Final report as an elected official. Terr	m expired:				Office title: CITY COUNCILMEMBER			
Candidate running in an election: mon	th 106/NOV	year 2	019	Position no	L			
Newly appointed to an elective office		-		Term begi	ns: JAN 20	ends:	DEC 2023	
List each employer, or other source of income (pension, social security, legal judgment, etc.) from which you or an immediate family member, received compensation, in any form, of \$2,400 or more during the period. Include stock options received during the reporting period that had a value of more than \$2,400. (Report interest and dividends in Item 3.)								
options receive	d during the reporting and dividends in Ite	g period that had m 3.)	a value of	n, of \$2,40 more than	00 or more dur \$2,400.	ring the perio	which you or an d. Include stock	
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3	ASSETS / INVESTMENTS - INTEREST / DIVIDENDS	List bank and s intangible proper reporting period	avings accounts, rty (including but	insurance not limited	policies, stock to stock optio	, bonds a ns) held di	nd other uring the
			count or Description	of Asset	Asset Value (Use 1-9	Income / (Use 1-9	
A.	Name and address of each bank or financial institution in which or an immediate family member had an account over \$24,000 at time during the report period. (2) BANK OF AMERICA, SCA.	TRE COUNT,	PECKING, SAV Spouse, Seri	F]	Code) - 5 - (6)	(036 176)
В.	Name and address of each insurance company where you of immediate family member had a policy with a cash or loan value \$24,000 during the period.	or an (3) 5p	ouse BusiNes KING AND SA	2	()	()
	NA						
C.	agency, etc. in which you or an immediate family member, owner had a financial interest worth over \$2,400. Include stocks, but	onds,	UARD IRA (In		(7)	()
	ownership, retirement plan, IRA, notes, stock options, and intangible property. If you or your immediate family member decision making authority regarding individual assets/investment	ts list	OXFUND		(5)	()
	each asset or investment, the value and any income am EXAMPLE: If you self-directed an investment account identify stock or other asset in that account. Stock shall be reported.	each CS/190N	05 yet to MA	TURE SAVINGS	(7)	()
17	market value at the time of reporting. (1) I ANGUARD (SEL) MANGUARD (SEL) ANGUARD (SEL) PADAMED (SEL) PROBLEM FOR CHILDREN (MESTRE) A SECTION FOR CHILDREN	DSON (4) FIDE	DEXFUND		(1)		
4	List each creditor you or an immedia	ate family membe	r owed \$2,400 or r	nore any tin es or real es	ne during the tate reported	AMO (USE 1-	OUNT O CODE)
	Creditor's Name and Address	The state of the s	s of Payment years at 5.25%)	Secu	rity Given	original ()	current ()
	see home mortgage in item 2.					()	(-)
Cl	neck here if continued on attached sheet.			Enter Dollar	Amount	NCCUDES	·mV
5	NET WORTH Enter your estimated net worth.			144,001		RECOURS	ent
pa Si	All filers answer questions A thru D below. If the answer is YES to any of these questions, the F-1 Supplement must also be completed as part of this report. If all answers are NO and you are a candidate or an appointee to a vacant elective office filing your initial report, no F-1 Supplement is required. Incumbent elected officials filing an annual financial affairs report also must answer question E. An F-1 Supplement is required of these officeholders unless all answers to questions A thru E are NO.						
A. At any time during the reporting period were you and/or an immediate family member (1) an officer, director, general partner or trustee of any corporation, company, union, association, joint venture or other entity or (2) a partner or member of any limited partnership, limited liability partnership, limited liability company or similar entity including but not limited to a professional limited liability company?							
	B. Did you and/or an immediate family member have an ownership of 10% or more in any company, corporation, partnership, joint venture or other business at any time during the reporting period? <u>ビン</u> If yes, complete Supplement, Part A.						
	C. Did you and/or an immediate family member own a business at any time during the reporting period? (1) If yes, complete Supplement, Part A.						
1	D. Did you and/or an immediate family member prepare, promote or oppose state legislation, rules, rates or standards for compensation or deferred compensation (other than pay for a currently-held public office) at any time during the reporting period? <u>NO</u> If yes, complete Supplement, Part B.						
E. Only for Persons Filing Annual Report. Regarding the receipt of Items not provided or paid for by your governmental agency during the previous calendar year: 1) Did you, and/or an immediate family member accept a gift of food or beverages costing over \$50 per occasion? (or 2) Did any source other than your governmental agency provide or pay in whole or in part for you and/or an immediate family member to travel or to attend a seminar or other training? (If yes to either or both questions, complete Supplement, Part C.							
Δ	ALL FILERS EXCEPT CANDIDATES. Check the appropriate box. Contact Telephone: (206) 321-9067 *						
	ALL FILERS EXCEPT CANDIDATES. Check the appropriate box. I hold a local elected office. I have read and am familiar with SMC 2.04.300 regarding the use of public facilities in campaigns. Contact Telephone: (206) 321-9067 Email: Acxed Crscu Seattle Cymaic. Com (world)						
	Email:(Home) Optional						
C	CERTIFICATION: I certify under penalty of perjury that the information contained in this report is true and correct to the best of my knowledge.						
	Date Signature						



File with: Seattle City Clerk PO BOX 94728 Seattle, WA 98124-4728 Questions: (206) 684-8500 (206) 615-1248 Polly.Grow@Seattle.gov

SEEC FORM

SUPPLEMENT

SUPPLEMENT PAGE

PERSONAL FINANCIAL AFFAIRS STATEMENT

PROVIDE INFORMATION	FOR YOU AND ANY IMMEDIATE FAMILY	/ MEMBERS		
Last Name FDERSE	Eiret	Middle Initial		DATE 11 28 2018
A OFFICE HEL BUSINESS INTERESTS:	(1) were an officer, directo organization, union, par (2) were a partner or men similar entity, including	tnership, joint venture or other enti nber of a limited partnership, limit but not limited to a professional lim	percent or mor ty; and/or ed liability part	re owner of a corporation, non-profi
	Legal Name: Report name used on legal			
	Trade or Operating Name: Report name u			al name.
	Position or Percent of Ownership: The offi			
	Brief Description of the Business/Organiza			
	Payments from Governmental Unit: If the entity concerning which you're reporting, sl	now the purpose of each payment a	and the actual a	amount received.
	Payments from Business Customers and proprietorship, union, association, busines seek/hold office) which paid compensation services or other consideration was given of the consideration was given to the consideration	ss or other commercial entity and of \$12,000 or more during the pe or performed for the compensation.	each governmeriod to the entit	ent agency (other than the one you y. Briefly say what property, goods,
•	Washington Real Estate: Identify real esta	te owned by the business entity if t	he qualification	s referenced below are met.
ENTITY NO. 1		Reporting	For: Self	Spouse
		Regi	stered Domesti	ic Partner Dependent
LEGAL NAME: (A ~D	D SHOT PRODUCTIONS	UC POS	SITION OR PER	RCENT OF OWNERSHIP
TRADE OR OPERATING NA	AME: Same		100%	
ADDRESS: FORMERLY	PO BOX 15235, SCATT	ne, wa 98115		
	HE BUSINESS/ORGANIZATION:			
DEFUNCT, NO INC	one since creation. ONL	Y expense was Annu	al Reneu	VAL and monthly
BANK ACCT FEES, WA	S SET UP IN CASE INCLUDED VED FROM GOVERNMENTAL UNIT IN W	AN LLC TO DO CONSU	LTING WO	AK, BUT WAS NEVER USED
	of payments	THE TOO BELIEF OF THE		actual dollars)
NLA			\$	
PAYMENTS ENTITY RECEI Agency r いん	VED FROM OTHER GOVERNMENT AGE ame:	NCIES OF \$12,000 OR MORE:	Purpose o	of payment (amount not required)
PAYMENTS ENTITY RECEIVE Custome	/ED FROM BUSINESS CUSTOMERS OF er name:	\$12,000 OR MORE	Purpose o	of payment (amount not required) OV 29 Soft payment (amount not required) All this in the ERGITY is 10% or more
WASHINGTON REAL ESTA and assessed value of proper	TE IN WHICH ENTITY HELD A DIRECT ty is over \$24,000. List street address, as:	FINANCIAL INTEREST (Complete	only if owners	thip in the ENTITY is 10% or more
NA		parson manipol, or logal des	onpuon and cot	anty for each parcel).
Check here ☐ if continued on atta	ched sheet			
		CONTIN	IUE PARTS	B AND C ON NEXT PAGE

F-1 Supplement

Name Alex Peocrsen (this page 2 is entirely NOT Afflicable)					
Reporting For: Self Spouse Registered Domestic Partner Dependent					
LEGAL NAME:		POSITIO	N OR PERCENT OF OWNER	RSHIP	
TRADE OR OPERATING NAME:					
ADDRESS:					
BRIEF DESCRIPTION OF THE B	USINESS/ORGANIZATION:				
PAYMENTS ENTITY RECEIVED Purpose of pa		IN WHICH YOU SEEK/HOLD OFFICE:	Amount (actual dollars)		
			\$		
PAYMENTS ENTITY RECEIVED Agency name		AGENCIES OF \$12,000 OR MORE:	Purpose of payment (amour	nt not required)	
PAYMENTS ENTITY RECEIVED Customer na		RS OF \$12,000 OR MORE	Purpose of payment (amou	nt not required)	
	persons for whom you, or a	any immediate family member, lobbied of tion or deferred compensation. Do not I			
are Person to Whom Se	an elected official or profession	onal staff member.	Compensation (U		
Person to whom se	ervices Rendered	Description of Legislation, Rules, Etc.	Compensation (C.	se code 1- 3)	
				1	
			()		
			())	
Check here ☐ if continued on attached	d sheet				
FOOD TRAVEL SEMINARS Complete this section if a source other than your own governmental agency paid for or otherwise provided all or a portion of the following items to you, your spouse, registered domestic partner or dependents, or a combination thereof: 1) Food and beverages costing over \$50 per occasion; 2) Travel occasions; or 3) Seminars, educational programs or other training.					
1	e, City and State	Brief Description	Actual Dollar Amount	Value (Use Code1-9)	
			\$	()	
				()	
Check here ☐ if continued on attache	d sheet				
Official field In continued on attache	a oncor				



File with: Seattle City Clerk PO BOX 94728 Seattle, WA 98124-4728 Questions: (206) 684-8500 (206) 615-1248 Polly.Grow@Seattle.gov

F-1

SUPPLEMENT (7/18)

SUPPLEMENT PAGE

PERSONAL FINANCIAL AFFAIRS STATEMENT

PROVIDE INFORMATION	N FOR YOU AND ANY IMMEDIATE FAI	MILY MEMBERS	
Last Name PEDERSEN	First ALEX	Middle Initial	DATE 11 28 2018
A OFFICE HE BUSINESS INTERESTS	(1) were an officer, dir organization, union, (2) were a partner or r	ion if, during the reporting period, you or any ir ector, general partner, trustee, or 10 percent partnership, joint venture or other entity; and/o member of a limited partnership, limited liabi ling but not limited to a professional limited liab	or more owner of a corporation, non-proficer ility partnership, limited liability company or
	Legal Name: Report name used on le		mity company.
		ne used for business purposes if different from	the legal name.
•		e office, title and/or percent of ownership held.	
•	Brief Description of the Business/Orga	nization: Report the purpose, product(s), and/	or the service(s) rendered.
•	Payments from Governmental Unit: In entity concerning which you're reporting	f the governmental unit in which you hold or age, show the purpose of each payment and the	seek office made payments to the business actual amount received.
•	Payments from Business Customers proprietorship, union, association, bus seek/hold office) which paid compensa services or other consideration was given	and Other Government Agencies: List each siness or other commercial entity and each g ation of \$12,000 or more during the period to the ren or performed for the compensation.	corporation, partnership, joint venture, sole overnment agency (other than the one you the entity. Briefly say what property, goods,
•	Washington Real Estate: Identity real	estate owned by the business entity if the qual	ifications referenced below are met.
ENTITY NO. 1		Reporting For: S	Self Spouse
		Registered I	Domestic Partner Dependent
LEGAL NAME: UCP (CONSULTING LIC db.a.	IRONCLAD POSITION	OR PERCENT OF OWNERSHIP
TRADE OR OPERATING N	₽	STRATEGY Spouse	is 100%, sole member
ADDRESS: \817 (Queen ANNE Ave N,	SEATTLE WA 98109	*
	THE BUSINESS/ORGANIZATION:	, , , , , ,	
		Rely AND IT/she provide &	BRAND STRATEGY
	EIVED FROM GOVERNMENTAL UNIT I		to organizATIONS.
1	s of payments	Ar	mount (actual dollars)
NIA		\$	
PAYMENTS ENTITY RECE Agency	EIVED FROM OTHER GOVERNMENT A name:		rpose of payment (amount not required)
PAYMENTS ENTITY RECE	IVED FROM BUSINESS CUSTOMERS	OF \$12,000 OR MORE	
Custon	ner name:	Pı	urpose of payment (amount not required)
AVALIAKA, COMMERSTO	me, clowd cow, course He	RO, DRINKTANKS,	SHAND STRATEGY
WASHINGTON REAL ESTA	MA, WOO COMMERCE ATE IN WHICH ENTITY HELD A DIRE BIT IS OVER \$24 000. List street address	CT FINANCIAL INTEREST (Complete only if , assessor parcel number, or legal description	ownership in the ENTITY is 10% or more
N/A	ny is story 21,000. Elst street address	, assessor parcer number, or legal description	and county for each parcel):
Check here if continued on at	tached sheet		
_ n ss.iiii asa sii at		CONTINUE D	ADTS B AND C ON NEVT BACE

F-1 Supplement

Alex Pedersen (this page 2 is entirely NOT APPLICABLE)					
ENTITY NO. 2	Reporting For: Se	,	pendeint 🗌		
LEGAL NAME: POSITION OR PERCENT OF OWNERSHIP					
TRADE OR OPERATING NAME:					
ADDRESS:					
BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:					
PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT Purpose of payments		Amount (actual dollars)			
	\$				
PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT	AGENCIES OF \$12 000 OR MORE:				
Agency name:	Pt	rpose of payment (amour	nt not required)		
PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$12,000 OR MORE Customer name: Purpose of payment (amount not required)					
WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or more and assessed value of property is over \$24,000. List street address, assessor parcel number, or legal description and county for each parcel): Check here if continued on attached sheet					
List persons for whom you, or a	any immediate family member, lobbied or p	repared state legislation	n or state rules,		
LOBBYING: rates, or standards for compensation are an elected official or profession	ation or deferred compensation. Do not list onal staff member.	pay from government bo	ody in which you		
Person to Whom Services Rendered	Description of Legislation, Rules, Etc.	Compensation (Us	se Code 1-9)		
		()			
		()			
Check here ☐ if continued on attached sheet					
TRAVEL SEMINARS Complete this section if a source other than your own governmental agency paid for or otherwise provided all or a portion of the following items to you, your spouse, registered domestic partner or dependents, or a combination thereof: 1) Food and beverages costing over \$50 per occasion; 2) Travel occasions; or 3) Seminars, educational programs or other training.					
Date Donor's Name, City and State Received	Brief Description	Actual Dollar Amount	Value (Use Code1-9)		
		\$	()		
			()		
			()		
Check here ☐ if continued on attached sheet					